

CITY OF SPRINGFIELD  
INTER-OFFICE MEMORANDUM

ATTENTION OF MEMO TO FILE

DATE June 30, 1976

DEPARTMENT \_\_\_\_\_

Re: Oil Spill at Chestnut and Glenstone

At approximately 1:45 P.M., June 16, 1976, Gene Pabst and Stephen Short responded to a reported oil spill on Chestnut Expressway and Glenstone. Upon arrival, two fire department trucks and six police units were blocking Chestnut Expressway from Glenstone to Delaware.

Diesel fuel had been spilled from a parking lot on the east side of the Mid-American Dairymen, Inc. Warehouse at 1458 East Chestnut Exp. to the junction of Glenstone and Chestnut Expressway.

Gene Pabst requested the Missouri State Highway Department dispatch a load of sawdust to the scene. At approximately 3:00 P.M. two truck loads of sawdust arrived. One load each from the Missouri State Highway Department and the City of Springfield.

Application of sawdust absorbed virtually all the oil with no apparent contamination of the storm sewer or Jordan Creek.

The absorbent was swept up the next morning by state highway department crews.

Springfield Police Department records report officer Frank Hooten contacted a Jamie Fulton who stated he saw the truck rupture a diesel tank as it was leaving the lot. Employees of the warehouse tried to stop the driver but were unable to get his attention.


The truck in question was driven by John Mitchell Stacy, 3102 West Park, Oklahoma City, Oklahoma. Stacy was driving for Conco Carriers, Inc., 641 N. Meridan, Oklahoma City, Oklahoma. It was a black and white tractor with a reaper trailer No. 272.

At 4:50 P.M. Ron Charlton of Donco Carriers called this office and talked to Harry Criswell. The caller was informed of the situation and advised to report the spill to the E.P.A. in Kansas City and The Missouri Department of Natural Resources central or regional offices.

The following is a summary of time and resources expended.

Gene Pabst, Water Pollution Control Inspector III	3 hrs	7.49	18.27
Stephen Short, Water Pollution Control Inspector II	3 hrs	6.09	22.47
Truck P2-24	3 hrs	1.35	4.05
Sawdust	1 load	10.00	10.00
Operator	2 hrs	5.80	11.60
Truck & mileage	10 miles	.20	2.00
Total			\$68.39

SIGNED \_\_\_\_\_

  
Stephen D. Short, Water Pollution Control  
Inspector II, Surveillance & Enforcement

1600-1800 E. CHESTNUT



## MISSOURI - UNIFORM ACCIDENT REPORT

Springfield Police Department

FOR STATE USE

ROUTED

CARD

CODE

FAT. NO.

INJ. NO.

No.

Type Hwy. No. Log.

City. Pop.

County

ACC

Type

## 1. ACCIDENT CLASSIFICATION

☐ Property Damage

No. Killed

No. Injured

No. of Vehicles Involved

## 2. TIME

Date of Accident Mo./Day/Year

Day of Week

Hour

☐ A.M.☐ P.M.☐ Standard Time☐ Daylight Savings Time☐ FEDERAL ROUTE☐ STATE ROUTE☐ COUNTY ROAD☐ MUNICIPAL☐ PRIVATE PROPERTY

3. LOCATION

County

Give Name of City, Village or Township

Log Point

In Give Name of Road, Street or Route No.

Speed Limit

Intersecting Street or Highway Number

Speed Limit

On ChestnutAt Chestnut Exp.If not at intersection Feet or Miles ☐ N ☐ S ☐ E ☐ W of Nearest Intersecting Street or Highway, Mile Post or Landmark

## 4. ACCIDENT TYPE

COLLISION INVOLVING:

☐ Pedestrian☐ MV In Transit☐ MV On Other Roadway☐ Parked MV☐ Railway Train☐ Pedalcyclist☐ Animal☐ Fixed Object☐ Other ObjectNON-COLLISION: ☐ Overturning ☐ Other Non-Collision

## 5. VEHICLE NO. 1

Driver

LUTHER E. MANESSAge 35

Address

Rt. 1 Clouet Mo.

City

State

Owner

Harrington Meat Co.

Address

Nixa, Mo.

City

State

Vehicle Year

1972 CHEV. 3/4 ton

Make

Model

Style (Sedan, Bu., Truck, etc.)

Vehicle Inspection No.

License Plate No.

State

Year

Going On:

(Street Name, Highway No., Alley, etc.)

Vehicle Damaged (Code)

14

Vehicle Towed

☐ YesAway? ☐ No

By Whom?

Where To?

## 6. VEHICLE NO. 2

Driver

William C. CampbellAge 57

Address

515 S. Belcrest Spd. Mo.

City

State

Owner

L. L. Campbell

Address

515 Belcrest Spd. Mo.

City

State

Vehicle Year

1970 Dodge 4 Dr.

Make

Model

Style (Sedan, Bus, Truck, etc.)

Vehicle Inspection No.

License Plate No.

State

Year

Going On:

(Street Name, Highway No., Alley, etc.)

Vehicle Damaged (Code)

11-12-13

Vehicle Towed

☐ YesAway? ☐ No

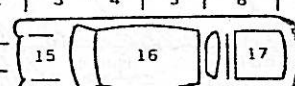
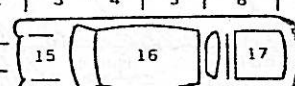
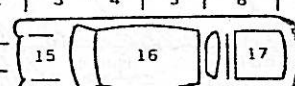
By Whom?

Where to?

## 7. DAMAGE TO PROPERTY OTHER THAN VEHICLES

Name Object, Show Ownership, and State Nature and Amount of Damage

8. WITNESSES OR INJURED PASSENGERS	Name	Address	Witness	Age	Sex	Car No.	Seat Loc.	Inj.	Ejection	Seat Belt	Phone

9. CODES	SEAT LOCATION		INJURY	SEAT BELT	EJECTION	VEHICLE DAMAGE																																																								
	XX — Not Known	<table border="1"><tr><td>FR</td><td>RR</td></tr><tr><td>FC</td><td>RC</td></tr><tr><td>FL</td><td>RL</td></tr></table>	FR	RR	FC	RC	FL	RL	1. Fatal	A. None	1. No	<table border="1"><tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr><tr><td colspan="13"></td></tr><tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr><tr><td colspan="6">18 - Undercarriage</td><td colspan="7">9 - Windshield</td></tr></table>													2	3	4	5	6	7														14	13	12	11	10	9	18 - Undercarriage						9 - Windshield						
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SV — Occupant — Special Vehicle Bus, Truck, Motorcycle, Station Wagon		2. Disabling	B. Not Used	2. Partially																																																										
		3. Evident Non Disabling)	C. Used	3. Totally																																																										
P — Pedestrian		4. Probable — Not Apparent	D. Ha ness	4. Unknown																																																										
B — Bicyclist		5. None Apparent	E. Use Unknown																																																											
		6. Unknown	F. Belt - Failure																																																											

<b>10. PED. INFO</b> <input type="checkbox"/> 1. At Intersection A. With Signal B. Against Signal C. No Signal D. Diagonally <input type="checkbox"/> 2. Not at Intersection <input type="checkbox"/> 3. From Behind Parked Car <input type="checkbox"/> 4. Walking with Traffic <input type="checkbox"/> 5. Walking Against Traffic <input type="checkbox"/> 6. Getting on or off Veh. <input type="checkbox"/> 7. Standing in Road <input type="checkbox"/> 8. In Safety Zone <input type="checkbox"/> 9. Pushing-Working on Veh. <input type="checkbox"/> 10. Other Working <input type="checkbox"/> 11. Playing in Road <input type="checkbox"/> 12. Other - In Road <input type="checkbox"/> 13. Not In Road <input type="checkbox"/> 14. Crosswalk Marked	<b>11. VEHICLE ACTION</b> <input type="checkbox"/> 1. Going Straight <input type="checkbox"/> 2. Over taking <input type="checkbox"/> 3. Making Right Turn <input type="checkbox"/> 4. Making Left Turn <input type="checkbox"/> 5. Making U Turn <input type="checkbox"/> 6. Slowing or Stopping <input type="checkbox"/> 7. Start in Traffic Lane <input type="checkbox"/> 8. Start from Parked <input type="checkbox"/> 9. Backing <input type="checkbox"/> 10. Stopped in Traffic <input type="checkbox"/> 11. Parked <input type="checkbox"/> 12. Changing Lanes <input type="checkbox"/> 13. Avoiding ( )  <b>12. DRIVER HAD BEEN DRINKING</b> <input type="checkbox"/> 1. Obviously Drunk <input type="checkbox"/> 2. Ability Impaired <input type="checkbox"/> 3. Ability not Impaired <input type="checkbox"/> 4. Impairment Unknown <input type="checkbox"/> 5. Not Drinking <input type="checkbox"/> 6. Drinking Unknown <input type="checkbox"/> 7. Chemical Test	<b>13. DRIVER CONDITION</b> <input type="checkbox"/> 1. Fatigued <input type="checkbox"/> 2. Ill <input type="checkbox"/> 3. Physical Defect <input type="checkbox"/> 4. Apparently Asleep <input type="checkbox"/> 5. Other Handicaps* <input type="checkbox"/> 6. Apparently Normal <input type="checkbox"/> 7. Unknown  <b>14. VISION OBSCURED</b> <input type="checkbox"/> 1. Windshield Defective <input type="checkbox"/> 2. Windshield Ice-Snow <input type="checkbox"/> 3. Load on Vehicle <input type="checkbox"/> 4. Trees <input type="checkbox"/> 5. Building <input type="checkbox"/> 6. Embankment <input type="checkbox"/> 7. Signboards <input type="checkbox"/> 8. Hillcrest <input type="checkbox"/> 9. Parked Cars <input type="checkbox"/> 10. Moving Cars <input type="checkbox"/> 11. Other <input type="checkbox"/> 12. Not Obscured <input type="checkbox"/> 13. Unknown	<b>15. CONTRIBUTING CIRCUMSTANCES</b> <input type="checkbox"/> 1. Speed - Exceeded Limit <input type="checkbox"/> 2. Speed - too Fast for Cond. <input type="checkbox"/> 3. Failed to Yield Right-of-Way <input type="checkbox"/> 4. Improper Passing - Hill <input type="checkbox"/> 5. Improper Passing - Curve <input type="checkbox"/> 6. Improper Passing - Other <input type="checkbox"/> 7. Violation Electric Signal <input type="checkbox"/> 8. Violation Stop Sign <input type="checkbox"/> 9. Wrong Side Not Passing <input type="checkbox"/> 10. Following too Closely <input type="checkbox"/> 11. Signal - Fail or Wrong <input type="checkbox"/> 12. Improper Backing <input type="checkbox"/> 13. Improper Turn - Right <input type="checkbox"/> 14. Improper Turn - Left <input type="checkbox"/> 15. Improper Turn - Other <input type="checkbox"/> 16. Wrong Way <input type="checkbox"/> 17. Improper Start - From Parking <input type="checkbox"/> 18. Improper Parking <input type="checkbox"/> 19. Defective Brakes <input type="checkbox"/> 20. Defective Lights <input type="checkbox"/> 21. Other Defects (Vehicle)* <input type="checkbox"/> 22. Drinking - Drugs <input type="checkbox"/> 23. Other Violation			
<b>16. TRAFFIC CONTROL</b> <input type="checkbox"/> 1. Stop Sign <input type="checkbox"/> 2. Signal <input type="checkbox"/> 3. R.R. Sig./Gate <input type="checkbox"/> 4. Yield <input type="checkbox"/> 5. Officer <input type="checkbox"/> 6. No Pass. Zone <input type="checkbox"/> 7. Turn Restriction <input type="checkbox"/> 8. None	<b>17. LIGHT COND.</b> <input type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dawn <input type="checkbox"/> 3. Dusk <input type="checkbox"/> 4. Dark <input type="checkbox"/> 5. Streetlights <input type="checkbox"/> 6. On <input type="checkbox"/> 7. Off <input type="checkbox"/> 8. None	<b>18. WEATHER</b> <input type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Cloudy <input type="checkbox"/> 3. Rain <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Sleet <input type="checkbox"/> 6. Freezing <input type="checkbox"/> 7. Fog-Mist <input type="checkbox"/> 8. Other	<b>19. AREA TYPE</b> <input type="checkbox"/> 1. Business <input type="checkbox"/> 2. Industrial <input type="checkbox"/> 3. School-Play Grnd. <input type="checkbox"/> 4. Residential <input type="checkbox"/> 5. Open Country <input type="checkbox"/> 6. Other*	<b>20. ROAD SURFACE</b> <input type="checkbox"/> 1. Concrete <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. Brick <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 5. Dirt or Sand <input type="checkbox"/> 6. Other	<b>21. ROAD COND.</b> <input type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Mud <input type="checkbox"/> 6. Other	<b>22. ROAD TYPE</b> <input type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve <input type="checkbox"/> 3. Level <input type="checkbox"/> 4. Grade <input type="checkbox"/> 5. Crest

23. IF (\*) MARKED, EXPLAIN IN OFFICERS STATEMENT, IF PERTINENT  
 IF AN OBJECT IS STRUCK, IDENTIFY IN DIAGRAM

USE ARROW TO  
 IDENTIFY NORTH



24. OFFICER STATEMENT: Car #1 stopped at lite headed in a east direction. Car #2 stopped behind Car #1. Car #3 was headed south on Chestnut and was making a right turn onto Ches. Exp. when the driver lost control and struck the left front of Car #1, then struck the left side of Car #2. There was a large amount of oil on the street at this intersection causing Car #3 to lose control.

25. ARRESTS	Name	Charge	Summons	A.R. No.	Court	Date
1.	Car #3	lost control	<input type="checkbox"/>			
2.			<input type="checkbox"/>			

26. REPORTING OFFICER	Name	Rank	DSN	Radio Assignment
27. REVIEWING OFFICER	Name	Rank	DSN	

MISSOURI - UNIFORM ACCIDENT REPORT

Springfield Police Department

FOR STATE USE

ROUTED

CARD

CODE

FAT. NO

INJ. NO.

No.

Type Hwy. No. Log.

City. Pop.

County ACC Type

1. ACCIDENT CLASSIFICATION

☐ Property Damage No. Killed No. Injured No. of Vehicles Involved

2. TIME

Date of Accident Mo./Day/Year Day of Week Hour A.M. P.M. Standard Time Daylight Savings Time

☐ FEDERAL ROUTE ☐ STATE ROUTE ☐ COUNTY ROAD ☐ MUNIC PAL ☐ PRIVATE PROPERTY

3. LOCATION In County Give Name of City, Village or Township Log Point  
On Give Name of Road, Street or Route No. Speed Limit At Intersecting Street or Highway Number Speed Limit  
If not at Intersection Feet or Miles N S E W of Nearest Intersecting Street or Highway, Mile Post or Landmark

4. ACCIDENT TYPE COLLISION INVOLVING: ☐ Pedestrian ☐ MV In Transit ☐ MV On Other Roadway ☐ Parked MV ☐ Railway Train  
☐ Pedalcyclist ☐ Animal ☐ Fixed Object ☐ Other Object NON-COLLISION: ☐ Overturning ☐ Other Non-Collision

5. DRIVER DRIVER INFORMATION  
Driver Gene Kelley Age Date of Birth 12/17/56 Sex Male Race  
Address 2155 E. Berkley SPD, MO. Mo. Day Yr.  
Owner Gene Kelley State  
Address City State  
Vehicle Year Make Model Style (Sedan, Bu, Truck, etc.)  
55 Chev. Truck Driver's License Number  
Vehicle Inspection No. License Plate No. 3E7-104 State Year Going On: Driver Education Yes No Unknown  
Other Driver Tng. Yes No Unknown  
(Street Name, Highway No., Alley, etc.)  
Vehicle Damaged (Code) 7-9 Vehicle Towed Away? No By Whom? Where To?

6. DRIVER DRIVER INFORMATION  
Driver Address City State  
Owner Address City State  
Vehicle Year Make Model Style (Sedan, Bus, Truck, etc.)  
Vehicle Inspection No. License Plate No. State Year Going On: Driver Education Yes No Unknown  
Other Driver Tng. Yes No Unknown  
(Street Name, Highway No., Alley, etc.)  
Vehicle Damaged (Code) Vehicle Towed Away? Yes No By Whom? Where to?

7. DAMAGE TO PROPERTY OTHER THAN VEHICLES

Name Object, Show Ownership, and State Nature and Amount of Damage

8. WITNESSES	Name	Address	Witness	Age	Sex	Car No.	Seat Loc	Inj.	Ejection	Seat Belt	Phone

9. SEAT LOCATION INJURY SEAT BELT EJECTION VEHICLE DAMAGE  
XX - Not Known SV - Occupant - Special Vehicle Bus, Truck, Motorcycle, Station Wagon P - Pedestrian B - Bicyclist  
1. Fatal 2. Disabling 3. Evident Non Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown  
A. None B. Not Used C. Used D. Harness E. Use Unknown F. Belt - Failure  
1. No 2. Partially 3. Totally 4. Unknown  
15 16 17 14 13 12 11 10 9  
18 - Undercarriage 19 - Windshield





SPRINGFIELD MISSOURI POLICE DEPARTMENT  
GORDON LOVELAND, CHIEF OF POLICE

1	#26090	ITEM NO.
2	6/16/76 1345 hours	DATE AND TIME
3	Vehicle spilling diesel fuel	OFFENSE OR EVENT
4	Officers Frank Hooten, Don Carpenter, Quirt Page, Ed Phoenix, Homer Williams, Larry Fain	OFFICERS ASSIGNED
5		COMPLAINANT - AGE
6		ADDRESS
7		PHONE (HOME & BUS.)
8		VICTIM - AGE
9		ADDRESS
10		PHONE (HOME & BUS.)
11	Glenstone and Chestnut Expressway	PLACE OF OCCURRENCE (FIRM NAME & ADDRESS)
12	#9	DISTRICT (PLACE OF OCCURRENCE)
13		DATE & TIME OF OFFENSE
14		ESTIMATED VALUE OF PROPERTY STOLEN
15		SUSPECTS AND/OR PERSONS ARRESTED

In reference to this diesel fuel spill, I found a trail leading out of the American Farm Lines Company at 1458 East Chestnut Expressway. I went to that location and contacted a Jamie Fulton, an employee, who stated that the truck had been loading there this morning and left and apparently jack-knifed and ruptured a diesel tank between the cab and trailer unit on the truck. The employee stated that they yelled at him and he was unable to hear them and continued on and went east on Chestnut Expressway to Glenstone and north on Glenstone spilling diesel fuel on the street. Several officers blocked the street at this time.

He stated that the driver was a John Stacey, address unknown, driving for Donco Truck Lines of Oklahoma City, Oklahoma. It was a black and white tractor, trailer #272. He had a reaper trailer. This is the only information that American Farm Lines could give at this time. He stated that possibly the driver was also from Oklahoma City, Oklahoma. They did not think at this time that he was aware of it when he did pull out on the street at the time.

Officer Frank Hooten  
sf/c/891

The driver's name was a John Mitchell Stacy, 3102 West Park, Oklahoma City, Oklahoma. The company name was Donco Carriers, Inc., 641 N. Meridan, Oklahoma City, Oklahoma.